

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CJS</i>		<i>9-8-99</i>
O.I.P.E. CLASSIFIER	<i>JH</i>	<i>49</i>	<i>9/13/99</i>
FORMALITY REVIEW		<i>65702</i>	<i>9-16-99</i>

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral)...	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Final	Original	1/15/02	2/1/02	3/1/02	Date
1	✓	✓	✓	✓	✓	
2	✓	✓	✓	✓	✓	
3	✓	✓	✓	✓	✓	
4	✓	✓	✓	✓	✓	
5	✓	✓	✓	✓	✓	
6	✓	✓	✓	✓	✓	
7	✓	✓	✓	✓	✓	
8	✓	✓	✓	✓	✓	
9	✓	✓	✓	✓	✓	
10	✓	✓	✓	✓	✓	
11	✓	✓	✓	✓	✓	
12	✓	✓	✓	✓	✓	
13	✓	✓	✓	✓	✓	
14	✓	✓	✓	✓	✓	
15	✓	✓	✓	✓	✓	
16	✓	✓	✓	✓	✓	
17	✓	✓	✓	✓	✓	
18	✓	✓	✓	✓	✓	
19	✓	✓	✓	✓	✓	
20	✓	✓	✓	✓	✓	
21	✓	✓	✓	✓	✓	
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Claim	Date				
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If more than 150 claims or 10 actions
staple additional sheet here

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